Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		e Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		Date Stamp 1/12/2004		CALIFORNIA 465	
		S ON REVERSE	Amendment (Explain Below) through 12/31/2003			Page 1 of 3			
	Ame	endment No 000		Date of election i (Month, Day	f applicable:			cial Use Only	
		Report No CM4		10/7/2003					
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee) 981521	Treasure	(If recipient co	mmittee)			
	COMMITTEE/FILE	R'S NAME	501021	NAME OF TREA	SURER				
	Californians for I	Responsible Choices - a project of Planned P	arenthood Affiliates of California	Katherine Knee	r				
	STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRE	ESS				
				CITY		STATE ZIP CO	DE AREA	CODE/PHONE	
	CITY	STATE	ZIP CODE AREA CODE/PHONE						
	Sacramento OPTIONAL: FAX/B	CA CA	95814	Sacramento	/E-MAIL ADDRES	CA 95814	(916) 4	446-5247	
	NAME OF CANDID Cruz Bustamante NAME OF BALLOT			OFFICE SOUGHT OR HE Governor  BALLOT NO./LETTER	JURISDICTION	T, IF APPLICABLE		SUPPORT OPPOSE  X  SUPPORT OPPOSE	
3.	•	ent Expenditures Made Att	1				CUMU I CA	JLATIVE TO DATE ALENDAR YEAR	
0./0	DATE	NAME AND ADDRES		DESCRIPTION OF I	EXPENDITURE	AMOUNT	(JA	AN.1 - DEC.31)	
9/2:	5/2003	Moxie Media, Inc. Seattle, WA 98102	Maile	er		\$2,800.00	\$6,300.00		
		U.S. Postmaster Sacramento, CA 95814	Maile	er		\$.00	\$.00		
9/22	2/2003	Statewide Information Systems Sacramento, CA 95816	Phon	ebank		\$515.25	\$515.25		

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		CALIFORNIA FORM	465	
		Amendment (Evolain Rolo	Amendment (Explain Below) through 12/31/2003			Page <u>2</u> o	of <sup>3</sup>
Amendment No 000		- Antenument (Explain Belo	Date of election i	f applicable:		For Official Us	<u> </u>
	Report No CM4		10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/I	PHONE
OPTIONAL: F	FAX/E-MAIL ADDRESS	OPTIONAL: FAX/E-MAIL ADDRESS					
 2. Name of	f Candidate or Measure Sup	pported or Opposed				C	HECK ONE
NAME OF CAI	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		PORT OPPOSE
NAME OF BAI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPF	PORT OPPOSE
3. Indeper	ndent Expenditures Made A	tach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVI	E TO DATE AR YEAR
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - [	
10/6/2003	Telincs, Inc. Los Angeles, CA 90005	Phone	ebank		\$362.46	\$362.46	

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

## **Supplemental Independent**

Type or print in ink. Amounts may be rounded

	SUPPLEMENTA	<u>L INDEPENDENT EXPENDITURE</u>
	Report covers period	CALIFORNIA 465
om	9/21/2003	FORM 400

Ē>	xpenditure Report		to	whole dollars.	from	from9/21/2003		FORM 465	
SEE	E INSTRUCTIONS ON REVERSE				through	12/31/2003	Page <u>3</u>	of <u>3</u>	
NAME OF FILER				<u> </u>		I.D. NUME	BER (If recipient com.)		
Cali	ifornians for Responsible Choices - a project of Planned Parent	thood Affiliates of C	California				981521		
4.	Summary								
	Total independent expenditures made of S	\$100 or more t	this period. (Part 3.)					\$3,677.71	
	2. Total independent expenditures under \$10	00 made this n	period (Not itemized	4)				\$0.00	
	·	•	·	,				\$2 677 71	
	3. Total independent expenditures made this	s period (Add L	_ines 1 + 2.)				TOTAL	\$3,677.71	
_	Filing Officers				ta / Carras 45	50 400 404) b b -	on filed		
5.	Filing Officers Enter the name and address of	of each filing office	er with whom the filer's m	iost recent campaign stateme	ents (Form 45	ou, 460 or 461) nave be	eri illea.		
5.	1) NAME OF FILING OFFICER	of each filing office	er with whom the filer's m	ost recent campaign stateme 3) NAME OF FILING		50, 460 or 461) nave be	een mea.		
5.		of each filing office	er with whom the filer's m	_	OFFICER		een mea.		
<b>5</b> .	1) NAME OF FILING OFFICER	of each filing office	er with whom the filer's m	3) NAME OF FILING	OFFICER		ен шеа.		
5.	NAME OF FILING OFFICER  Secretary of State	of each filing office	er with whom the filer's m	3) NAME OF FILING Sacramento County R	OFFICER	ters	STATE	ZIP CODE	
5.	NAME OF FILING OFFICER     Secretary of State     ADDRESS (NO. AND STREET)			3) NAME OF FILING  Sacramento County R  ADDRESS	OFFICER	ters		ZIP CODE 95827	
5.	NAME OF FILING OFFICER     Secretary of State     ADDRESS	STATE	ZIP CODE	3) NAME OF FILING  Sacramento County R  ADDRESS  CITY	OFFICER Registrar of Vo	ters	STATE		
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento	STATE	ZIP CODE	3) NAME OF FILING  Sacramento County R  ADDRESS  CITY  Sacramento	OFFICER Registrar of Vo	ters (NO. AND STREET)	STATE		
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento 2) NAME OF FILING OFFICER	STATE	ZIP CODE	3) NAME OF FILING  Sacramento County R  ADDRESS  CITY  Sacramento  4) NAME OF FILING	OFFICER Registrar of Vo	ters (NO. AND STREET)	STATE		
5.	1) NAME OF FILING OFFICER  Secretary of State ADDRESS (NO. AND STREET)  CITY  Sacramento 2) NAME OF FILING OFFICER  Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING  Sacramento County R  ADDRESS  CITY  Sacramento  4) NAME OF FILING  San Francisco County	OFFICER Registrar of Vo	ters (NO. AND STREET)	STATE		

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	1/12/2004	By Alois Alois Alois Alois
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/12/2004	By Alois Alois Alois Alois
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC